

## PART B - FEE(S) TRANSMITTAL

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24372 7590 08/04/2006

ROCHE PALO ALTO LLC  
 PATENT LAW DEPT. M/S A2-250  
 3431 HILLVIEW AVENUE  
 PALO ALTO, CA 94304

10/02/2006 HGBREME 00000014 181700 10731607

01 FC:1501 1400.00 DA

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Julie A. Dalla	(Depositor's name)
Julie A. Dalla	(Signature)
10/02/2006	(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10731.607	12/09/2003	Keith Roger Bley	R0032H-DIV	4763

TITLE OF INVENTION: 2-(SUBSTITUTED-PHENYL)AMINO-IMIDAZOLINE DERIVATIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MORRIS, PATRICIA L	1625	514-326000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Grant D. Green

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Roche Palo Alto LLC

Palo Alto, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 5

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- ☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 181700 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

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Authorized Signature

Date

Typed or printed name

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/97 (08-03)

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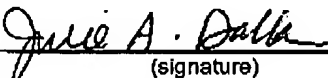
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To: Mail Stop: **ISSUE FEE**Fax Number: **571-273-2885**

From: Grant D. Green, Reg. No. 31,259  
Roche Palo Alto LLC,  
3431 Hillview Ave., Palo Alto, CA, Fax No.: 650/ 855-5322

Total Pages: **2 pages****Certificate of Transmission**

I hereby certify that this correspondence is being facsimile transmitted to the  
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(signature)  
Julie A. Dalla

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

**Documents Attached:**

Re: **S/N 10/731,607** filed **December 9, 2003**, inventors: **Bley et al.,**  
Docket: **R0032H-DIV**

1. Issue Fee Transmittal, Part B

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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